U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORTATION OF CATTLE TO THE REPUBLIC OF SOUTH AFRICA

| | Department of Agriculture inary Services (State) |
|------|---|
| I. | Identification of Animals: See Appendix |
| II. | Name and address of exporter: |
| | Name and address of farm of origin: |
| | Port of embarkation: |
| III. | Name and address of the consignee: |
| | Means of conveyance: South Africa import permit no |
| IV. | Health Data |
| | ndersigned official accredited veterinarian hereby certifies the following in relation to the als described above: |
| A. | The United States is free of foot-and-mouth disease and bovine spongiform encephalopathy and vaccination against these diseases is prohibited in the United States. |
| B. | The premises of origin and an area within an 80 kilometer radius of the premises of origin have been free of vesicular stomatitis for at least 6 months. |
| C. | The animals originated from a premises which is not under an official government quarantine. |
| D. | The animals originated from brucellosis and tuberculosis-free herds. |
| E. | The animals originated from herds clinically free of Johne's disease, BVD, rabies, leptospirosis, vibriosis, trichomoniasis, and enzootic bovine leukosis. |
| F. | The animals were inspected within 21 days of departure and found to be clinically healthy |

and free from external parasites.

| | | Health Certificate No (Valid only if the USDA Veterinary Seal Appears over the Certificate No.) | | | | | | |
|------|----------------|---|--|--|--|--|--|--|
| G. | | e animals were not exposed to infectious or contagious diseases of bovine within 30 vs of export. | | | | | | |
| H. | | ne animals were isolated under the supervision of a USDA-accredited veterinarian prior the start of testing and until exportation. | | | | | | |
| * I. | rhino vacci | The animals originated from herds clinically free of infectious bovine rhinotracheitis/infectious pustular vulvovaginitis (IBR/IPV) and animals for export were vaccinated with an approved vaccine on (date) with (name of the product) (If this certification cannot be met then the animals must | | | | | | |
| | be te | sted as required under | test requirements.) | | | | | |
| J. | | The animals were treated for external parasites during isolation on (date) with (name of product) within 6 weeks of export. | | | | | | |
| TES' | ΓREQU | <u>UIREMENTS</u> | | | | | | |
| expo | rt; exce | pt for the TB test, whi | ollowing tests during isolation and within 6 weeks prior to ch was conducted within 30-60 days prior to export. (The TB nimals are placed in isolation.) | | | | | |
| | 1. | Tuberculosis: | Intradermal caudal fold test using bovine PPD tuberculin. Date of test: | | | | | |
| * | 2. | Brucellosis: | Standard tube or standard plate test at 1:50 dilution. Date of test: | | | | | |
| | | | (Test not required for animals under 2 years of age that were vaccinated with brucella strain 19 vaccine between the age of 4 and 8 months.) | | | | | |
| * | 3. | IBR/IPV: | Serum neutralization test at 1:8 dilution. Date of test: (Test not required if the certification statements in Item 1 can be met.) | | | | | |
| | 4. | Enzootic bovine leukosis: | Agar-gel immunodiffusion (AGID) test. Date of test: | | | | | |
| | 5. | Johne's disease: | Complement fixation test at 1:8 dilution or AGID test or | | | | | |

Elisa test. Date of test: ______.

| * | 6. | Campylobacteriosis: | Health Certificate No | | | |
|---|---------|-------------------------------------|---|--|--|--|
| * | 7. | Trichomoniasis: | Culture of vaginal/preputial washings or swabs. Date of test: (Test not required for virgin heifers or females bred artificially and bulls under 12 months of age. | | | |
| * | 8. | BVD: | SN test positive at 1:4 dilution or greater followed by a second test 3-5 weeks later with no significant rise in titer or SN test negative at 1:4 dilution followed by a negative virus isolation test. | | | |
| • • | | nt - Name and Address | | | | |
| 01 18 | suing A | accredited Vetermanan | | | | |
| Signature - Issuing Accredited Veterinarian | | | rian Date Issued | | | |
| | | nt - Name of Endorsing erinarian | | | | |
| Signature - Endorsing Federal Veterinarian | | | rian Date Endorsed | | | |

*Delete if not applicable

Health Certificate No._____ (Valid only if the USDA Veterinary Seal Appears over the Certificate No.)

APPENDIX

| Breed | <u>Sex</u> | No. of Plastic <u>ID</u> | Age in Months | Metal Ear <u>Tag(s)</u> | Brucellosis Vaccination <u>Status</u> |
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